



PUBLIC PROTECTION CABINET

Department of Housing, Buildings and Construction

Division of HVAC

101 Sea Hero Road, Suite 100

Frankfort, Kentucky 40601-5412

Phone: 502-573-0395, Fax: 502-573-1401

www.dhbc.ky.gov

Date
Received _____

Payment
Amount _____

Duplicate Copy Request

I hereby make application for a duplicate copy of my HVAC license; license number

_____.

- *Duplication fee of \$20.00 per license enclosed (Make check or money order payable to Kentucky State Treasurer.)*

Personal Information

Name: _____ Telephone: (_____) _____ - _____
Last First MI

Address: _____ County: _____
(Street or PO Box)

City: _____ State: _____ Zip: _____

Email: _____

Company Information:

Company Name: _____ Master # _____

Company Mailing Address: _____
(Street or PO Box)

City: _____ State: _____ Zip: _____

Company Telephone: _____

Applicant Signature: _____ SS#: _____ - _____ - _____

(HVAC 15) Revised 6/17/15



An Equal Opportunity Employer M/F/D